

Samsca (tolvaptan), Jynarque (tolvaptan)

Member and Medication Information (required)		
Member ID:	Member Name:	
DOB:	Weight:	
Medication Name/ Strength:	Dose:	
Directions for use:		
Provider Information (required)		
Name:	NPI:	Specialty:
Contact Person:	Office Phone:	Office Fax:
FAX FORM AND RELEVANT DOCUMENTATION INCLUDING: LABORATORY RESULTS, CHART NOTES and/or UPDATED PROVIDER LETTER TO 855-828-4992		

Samsca Criteria for Approval:

- ☐ Diagnosis of hypervolemic or euvolemic hyponatremia associated with heart failure or Syndrome of Inappropriate Antidiuretic Hormone (SIADH).
- ☐ Dose limited to 60mg daily and to 30 days.
- ☐ Documentation that therapy was initiated in the hospital.
- ☐ Documentation that serum sodium \leq 125mEq/L.
- ☐ Documentation that hyponatremia is symptomatic if serum sodium $>$ 125mEq/L. **AND**
- ☐ Documented failure of other treatment strategies including but not limited to:
 - ☐ Fluid restriction
 - ☐ Salt administration (for euvolemic hyponatremia only)
- ☐ Evidence is required that the underlying disease state causing the hyponatremia is being adequately treated.

Jynarque Criteria for Approval:

- ☐ Intended use is to slow kidney function decline in adults at risk of rapidly progressing autosomal dominant polycystic kidney disease (ADPKD).
- ☐ ALT, AST and bilirubin have been measured before initiating treatment, and will continue to be measured as per prescribing information.

Re-authorization Criteria:

Updated letter with medical justification or updated chart notes demonstrating positive clinical response.

Samsca only: Initial Authorization of up to one (1) month

Jynarque only: Initial Authorization of up to six (6) months, **Re-authorization:** Up to one (1) year

PROVIDER CERTIFICATION

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

Prescriber's Signature

Date